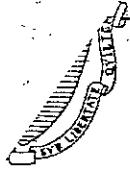


# EXHIBIT A

***New England Compounding Pharmacy, Inc.  
(New England Compounding Center) –  
Inspection Report, dated 5/24/11***



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 Division of Health Professions Licensure  
 239 Causeway Street, Suite 200  
 Boston, MA 02114  
 Office of Public Protection  
 (617) 973-0865 Fax (617) 973-0985 TTY (617)-973-0895

**COPY**

## INSPECTION REPORT

Docket No. or Staff Assignment No. ISP-738

Date of Inspection 5/24/11 Pharmacy Lic. No. DJ2848 Expiration Date 12/31/11

Purpose of Inspection: New Store  Relocation  Compliance

Corporation Name New England Compounding Pharmacy, Inc.

Pharmacy DBA Name New England Compounding Center Store No.

Address 697 Brainerd Street, Framingham, MA 01702

Telephone No. 508-820-0606 Fax No. 888-820-0582

Manager of Record Barry T. Carter Lic. No. PH21279

Name of RPH Completing Form \_\_\_\_\_ Lic. No. \_\_\_\_\_

Pharmacy DEA Registration No. and Expiration Date BNS 927819 10/31/2013

Pharmacy Hours Daily 8A-5P Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Practice Setting	Community Chain <input type="checkbox"/>	With Drive-thru Window <input type="checkbox"/>
	Community Independent <input type="checkbox"/>	Specialty <input checked="" type="checkbox"/> Long Term Care <input type="checkbox"/>

Daily Pharmacy Volume	Less than 100 <input type="checkbox"/>	100 to 500 <input type="checkbox"/>	Above 500 <input type="checkbox"/>
-----------------------	--	-------------------------------------	------------------------------------

*100 orders 1 day shipped approximately*

## PHARMACISTS

Name	License Number	License Status
✓ Barry J. Cadden	PH 21239	current
✓ [REDACTED]	[REDACTED]	current
✓ LISA Cadden (Conigliaro)	PH 21096	current

## PHARMACY INTERNS

Name	License Number	License Status
✓ [REDACTED]	[REDACTED]	current
✓ [REDACTED]	[REDACTED]	

## PHARMACY TECHNICIANS

Name	License Number	Certification Status	License Status
✓ [REDACTED]	[REDACTED]	PTCB/Rx	current
✓ [REDACTED]	[REDACTED]	PTCB/Rx	current
✓ [REDACTED]	[REDACTED]	MA/Rx	current
✓ [REDACTED]	[REDACTED]	PTCB/Rx	current
✓ [REDACTED]	[REDACTED]	PTCB/Rx	current
✓ [REDACTED]	[REDACTED]	PTCB/Rx	current

## OTHER PHARMACY STAFF including Trainees

Name	Position	Trainee Hours
✓ [REDACTED]	[REDACTED]	PTCB/Rx, current
✓ [REDACTED]	[REDACTED]	PTCB/Rx, current
✓ [REDACTED]	[REDACTED]	PTCB/Rx, current
✓ [REDACTED]	[REDACTED]	PTCB/Rx, current
✓ [REDACTED]	[REDACTED]	PTCB/Rx, current
✓ [REDACTED]	[REDACTED]	PTCB/Rx, current
✓ [REDACTED]	[REDACTED]	PTCB/Rx, current
✓ [REDACTED]	[REDACTED]	PTCB/Rx, current
✓ [REDACTED]	[REDACTED]	PTCB/Rx, current
✓ [REDACTED]	[REDACTED]	PTCB/Rx, current
✓ [REDACTED]	[REDACTED]	PTCB/Rx, current
✓ [REDACTED]	[REDACTED]	PTCB/Rx, current

✓ = on staff 5/24/11

SECURITY - 247 CMR 6.02 and 21 CFR Section 1301.75(b)	YES	NO
ADEQUATE SECURITY SYSTEM		
EVIDENCE OF SECURITY CAMERAS <i>37 Cameras</i>	✓	
SECURITY BARRIER SEPARATES PHARMACY DEPARTMENT		
PROCEDURE FOR ABSENCE OF PHARMACIST	N/A	
CONTROLLED SUBSTANCES ARE LOCKED IN A SECURE CABINET <i>CII + CIII - CIV</i>	✓	
CONTROLLED SUBSTANCES ARE DISPERSED THROUGHOUT GENERAL INVENTORY	N/A	
LOSS OR THEFT OF CONTROLLED SUBSTANCES (DEA FORM 106) REPORTED TO THE BOARD	N/A	
SECURITY/ACCESS TO PHARMACY RESTRICTED TO AUTHORIZED PERSONNEL	✓	
COMMENTS	<i>24/7 Security Monitoring</i>	

LICENSE/REGISTRATION STATUS OF PHARMACY STAFF	YES	NO
COPIES OF PHARMACIST LICENSES ARE POSTED AND CURRENT	✓	
COPIES OF TECHNICIAN REGISTRATIONS ARE CURRENT AND AVAILABLE	✓	
PROCEDURES IN PLACE TO MAINTAIN PATIENT CONFIDENTIALITY WITH REGARD TO DISCARDED PRESCRIPTION INFORMATION (e.g. SHREDDER)	✓	
COMMENTS		

STANDARDS FOR PRESCRIPTION LABELING AND FORMAT M.G.L. c. 94C, § 21 and 105 CMR 721.000	YES	NO
PHARMACIST INITIALS ON LABEL AND SERIAL NO. OF Rx	✓	
"BEYOND USE" DATE IS SHOWN ON LABEL	✓	
INVENTORY LABELED WITH BRAND, OR GENERIC NAME AND MANUFACTURER, STRENGTH, LOT NUMBER, EXPIRATION DATE, OR INTERNAL CONTROL NUMBER WHICH REFERENCES MANUFACTURER AND LOT NUMBER USED	✓	
LABEL COMPLIANT WITH INTERCHANGE	✓	
PRESCRIPTION CONTAINS ALL REQUIRED INFORMATION	✓	
ORALLY COMMUNICATED PRESCRIPTIONS ARE IMMEDIATELY DOCUMENTED	✓	
COMMENTS	<i>Labels compliant with nature of practice</i>	

OUTDATED ITEMS/RETURN TO STOCK	YES	NO
QUARANTINE AREA FOR CONTROLLED SUBSTANCE RECALLS OR EXPIRED PRODUCT SEGREGATED FROM CURRENT INVENTORY	✓	
COMMENTS	<i>General Chemical / Clear Vartex Every 6 months process.</i>	

CONTROLLED SUBSTANCE RECORDS ELECTRONICALLY TRANSMITTED PRESCRIPTIONS PMP REPORTING REQUIREMENTS 247 CMR 5.00, 105 CMR 700, 21 CFR Part 1300 – 1308	YES	NO
PRESCRIPTION RECORDS ARE ON SITE AND READILY RETRIEVABLE FOR 2 YEARS	✓	
THE LAST BIENNIAL INVENTORY COMPLETED <u>10/15/19</u> AND SHOWS BEFORE OPENING OR AFTER CLOSING	✓	
POWER OF ATTORNEY GRANTED TO PERSONS SIGNING DEA FORM 222 AND READILY AVAILABLE*	✓	
POWER OF ATTORNEY FORM FOR DEA FORM 222 GRANTED TO: _____ + <u>N/A</u>	+ <u>N/A</u>	
COMPLETE RETURN AND DESTRUCTION RECORDS OF CONTROLLED SUBSTANCES READILY AVAILABLE	✓	
EMERGENCY C-II PRESCRIPTION RECORDS ARE COMPLETE AND PROPERLY FILED <u>N/A</u>	✓	
SCHEDULE II PRESCRIPTION DATA (PMP) TRANSMITTED BY COMPUTER ON TIME (247 CMR 5.04)	✓	
CENTRAL RECORD KEEPING AUTHORITY FILED WITH DEA	✓	
DEA ORDER FORMS FILLED OUT COMPLETELY, INCLUDING DATE AND QUANTITY RECEIVED	✓	
CII ORDER FORMS RECONCILED SATISFACTORILY	✓	
CHI-V. INVOICES RECONCILED SATISFACTORILY	✓	
DAILY REPORTS ARE AVAILABLE, VERIFIED, AND SIGNED BY ALL PHARMACISTS INVOLVED ** <u>N/A</u>	** <u>N/A</u>	
CHI PERPETUAL INVENTORY RECONCILED WITHIN 10 DAYS	✓	
COMMENTS	<p>* Registrant is owner</p> <p>** Each formulation sheet signed by RAS.</p>	

TRANSFER OF PRESCRIPTIONS - 247 CMR 9.02	YES	NO
CORRECT TRANSFER RECORDS ARE MAINTAINED AND READILY AVAILABLE	<u>N/A</u>	
DAILY REPORTS ARE AVAILABLE, VERIFIED AND SIGNED BY ALL PHARMACISTS INVOLVED ** <u>N/A</u>	<u>N/A</u>	
PATIENT PROFILES ARE MAINTAINED	✓	
COMMENTS	<p>** Each formulation sheet signed by RAS.</p>	

EQUIPMENT and REFERENCE SOURCES - 247 CMR 6.01	YES	NO
COMPUTER SOFTWARE NAME: <u>DK Software</u>	✓	
TORSION BALANCE AND WEIGHTS SEALED DATE <u>4/2011 (A/18 scales)</u>	✓	
COMPOUNDING LOG MAINTAINED	✓	
APPROPRIATELY SIZED SAFETY CONTAINERS AVAILABLE AND USED ROUTINELY (16 CFR 1700)	✓	
CURRENT COPY OR E-VERSION OF APPROPRIATE COMPENDIA REFERENCE AVAILABLE	✓	
CURRENT COPY OR E-VERSION OF MA BOARD OF PHARMACY REGULATIONS AVAILABLE	✓	
CURRENT COPY OR E-VERSION OF MA LIST OF INTERCHANGEABLE DRUGS AVAILABLE	✓	

CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM QUALITY RELATED EVENTS (QRE) - 247 CMR 15.00	YES	NO
CURRENT COPY OR E-VERSION OF CQI PROGRAM AVAILABLE	✓	
QRE RECORDS (2 YEARS) ARE MAINTAINED IN AN ORDERLY MANNER AND FILED BY DATE	✓	
PHARMACY PROVIDES PERSONNEL WITH ONGOING CQI EDUCATION AT LEAST ANNUALLY	✓	
POLICY AND PROCEDURES ON SITE RELATED TO THE HANDLING OF MEDICATION ERRORS	✓	
COMMENTS		

PATIENT COUNSELING M.G.L. c. 94C, § 21A and 247 CMR 6.01 and 9.07	YES	NO
PATIENT COUNSELING SIGNS (11" x 14") POSTED ( INCLUDING DRIVE THRU)		
ADEQUATE OFFER TO COUNSEL MADE AND DOCUMENTED	✓	
DESIGNATED CONFIDENTIAL PATIENT CONSULTATION AREA	✓	
COUNSELING AREA ASSURES PRIVACY AND CONFIDENTIALITY	✓	
PROSPECTIVE DUR. ON NEW PRESCRIPTIONS CONDUCTED	✓	
COMMENTS	2-3 patients / week Come to counter	

SANITATION - 247 CMR 6.02 and 9.01	YES	NO
PHARMACY (INCLUDING SINK, REFRIGERATOR, COUNTING TRAYS, AND AUTOMATED DISPENSING MACHINES) KEPT CLEAN AND ORGANIZED		
REFRIGERATOR MAINTAINED WITHIN RANGE COMPLIANT WITH STORAGE OF DRUGS REQUIRING REFRIDGERATION TEMPERATURE	✓	
ROOM TEMPERATURE IS 59 - 77 DEGREES F.	✓	
PRESCRIPTION COUNTER IS USED ONLY FOR PREPARING PRESCRIPTIONS	✓	
PRESCRIPTION DEPARTMENT HAS SPACE ADEQUATE FOR THE SIZE AND SCOPE OF PHARMACEUTICAL SERVICES PROVIDED BY THE PHARMACY	✓	
SUFFICIENT EQUIPMENT TO COMPOUND AND DISPENSE PRESCRIPTIONS		
SINK HAS HOT AND COLD RUNNING WATER	✓	
COMMENTS	+ Refrigerators in no stable & stable areas. Temperatures fluctuate. visual were in acceptable range (no freezers). Logs in place for all units).	

CENTRAL INTRAVENOUS ADMIXTURE SERVICE (CIVAS) 247 CMR 6.01(5)(c)	YES	NO
CLEAN ROOM - MINIMUM OF 72 SQUARE FEET		
CLEAN ROOM ADJACENT TO PRESCRIPTION DEPARTMENT	✓	
HOODS: HORIZONTAL Two 15' x Certified Clean rooms VERTICAL Hoods & glove Boxes	✓	
CIVAS APPROVAL LETTER FROM BOARD MAINTAINED ON PREMISES	✓	
Posted in Clean Room	✓	

CENTRAL INTRAVENOUS ADMIXTURE SERVICE (CIVAS) 247 CMR 6.01(5)(c) continued	YES	NO
WRITTEN QUALITY ASSURANCE GUIDELINES MAINTAINED ON PREMISES	✓	
TRAINING IN STERILE PROCEDURE AVAILABLE AND CONDUCTED	✓	
ADEQUATE REFERENCE STANDARDS	✓	
ANNUAL CERTIFICATION OF LAMINAR HOOD AND CLEAN ROOM CONDUCTED	✓	
COMMENTS	<p>S.O.P's on site All staff trained Aseptic training checklist → Dedicated QA person</p>	

TECHNICIANS - 247 CMR 8.00	YES	NO
PHARMACY TECHNICIANS OPERATE WITHIN THE SCOPE OF LAW AND REGULATIONS	✓	
TECHNICIANS WEAR NAME TAGS EASILY READABLE WITH TITLE AND NAME	✓	
TECHNICIANS FOLLOW DUTIES AS SPECIFIED IN WRITTEN POLICIES AND PROCEDURES	✓	
TECHNICIANS ARE SUPERVISED BY A PHARMACIST	✓	
COMMENTS		

VACCINATION/CPR - 105 CMR 700.004	YES	NO
PHARMACIST ADMINISTERING VACCINES TO PERSONS 18 YEARS OF AGE OR OLDER	✓	
CURRENT CPR CARD		
ADMINISTRATION IS CONDUCTED PURSUANT TO THE ORDER OF A PRACTITIONER		
DOCUMENTATION OF ACCREDITED TRAINING		
COMMENTS		

MANAGER OF RECORD (MOR) - 247 CMR 6.07	YES	NO
MOR CAN DEMONSTRATE IMPLEMENTATION OF A CQI PROGRAM	✓	
MOR HAS COPIES OF CONFIDENTIALITY STATEMENTS FROM EACH EMPLOYEE	✓	
MOR IS RESPONSIBLE FOR ESTABLISHING AND MONITORING POLICIES AND PROCEDURES:	✓	
(a) STAFF TRAINING ONGOING	✓	
(b) TECHNICIAN MANUAL ON PREMISES	✓	
(c) RATIO PHARMACIST TO SUPPORT PERSONNEL	✓	
COMMENTS	<p>CPH/T Responsible for CQI (both patient-level &amp; business components)</p>	

WHOLESALE DISTRIBUTOR INFORMATION		
NAME(S) OF SUPPLIERS	PCCA Pharmacy Spectrum	

GENERAL	YES	NO
PHARMACY GRANTED ANY WAIVERS BY THE BOARD OR DEA TO ANY LAWS OR RULES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PHARMACY SHARES A REAL-TIME COMMON DATABASE WITH OTHER PHARMACIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PHARMACY UTILIZES THE SERVICES OF A CENTRAL FILL PHARMACY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VERIFYING PHARMACIST(S) IS DOCUMENTED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PHARMACY PERSONNEL WEAR APPROPRIATE NAME TAGS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PROCEDURE TO ENSURE ALL WHO WORK IN THE PHARMACY ARE APPROPRIATELY AND CURRENTLY REGISTERED OR LICENSED AND TRAINED TO PERFORM THEIR DUTIES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SIGN(S) POSTED REGARDING PHARMACY HOURS OF OPERATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COMMENTS	<p>* Scope of practice limited          Prepare this nice          fast I just did it          NOT PN correctly</p>	

I have participated in an inspection and have reviewed the Inspection Report with the Investigator.

Print Name Barry J. Green

Signature Barry J. Green

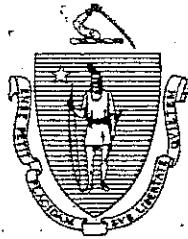
Title Pharmacy Director

License No. MA 21239

Investigator Walter J. Green

Date 5/24/11

- \* Non-pharmacy (i.e. creams and dressings, cosmetics).
- \* Service multiple states. (1 license in 48 states)
- \* 2 that don't require licensure



DEVAL L. PATRICK  
GOVERNOR

TIMOTHY P. MURRAY  
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD  
SECRETARY

JOHN AUERBACH  
COMMISSIONER

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure  
239 Causeway Street, Boston, MA 02114

COPY

Office of Public Protection  
Phone: (617) 973-0865 Fax: (617) 973-0985

### REQUEST FOR STAFF ASSIGNMENT

BOARD Name: BOARD OF PHARMACY

REQUESTED BY: SAM PENTA DATE ASSIGNED: 4/13/11

INVESTIGATOR ASSIGNED: [REDACTED] Frisch, 13/11

Summary of Assignment: To conduct an inspection as soon as practicable of New England Compounding Center at 697 Waverly Street, Framingham pursuant to a RENOVATION/EXPANSION pharmacy department application. They intend to move into the new space on May 2<sup>nd</sup>. The inspection can occur pre or post move.

(To Be Filled Out By Admin. Staff)

Assignment Number: [REDACTED] 738

(To be filled out by Investigator)

Complainant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Subject of Assignment: \_\_\_\_\_ Lic #: RN \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

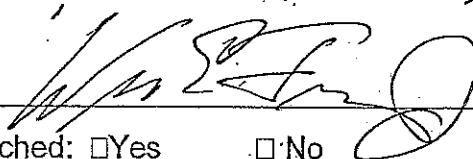
City, State, Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_ Lic #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## DISPOSITION:

*144 to Mr. Cadeas 4/28/11**Return call from B. Cadeas, 4/28/11, putting off x246.  
Inspection scheduled for 5/24/11 @ 10AM.**Inspection conducted 5/24/11. Town of facility conducted.  
Review security, animal shelter management, licensing  
status & non-labor processing areas, registration, C.R.T.,  
C.I.M.A.S. procedures, and C.A. Inspection satisfactory.*Investigator's Signature: Date Complete: 5/24/11Additional Information attached:  Yes  NoSent to Board 

Other Disposition \_\_\_\_\_

(To be filled out by supervising investigator)

 Send to BD.  Open Complaint [Allegation Code:       ]  Task Complete

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board Action: \_\_\_\_\_

- Reviewed by Board on       /      /
- Open Complaint [Allegation Code:       ]  Not Going Forward
- Letter sent to complainant (see attached)  OPP Staff to send letter to complainant
- Letter sent to licensee (see attached)  OPP Staff to send letter to licensee
- Additional Action Required: (please specify): \_\_\_\_\_

Board Staff Signature

Date



Received

FEB 28 2011

BOARD OF  
PHARMACY

February 11, 2011

James D. Coffey, RPh, Executive Director  
Massachusetts Board of Registration in Pharmacy  
Department of Public Health  
Division of Health Professions Licensure  
239 Causeway Street, Suite 200, 2nd Floor  
Boston, MA 02114

Dear Mr. Coffey,

I am pleased to inform the Massachusetts Board of Registration in Pharmacy that New England Compounding Pharmacy, Inc., d/b/a New England Compounding Center (NECC), located at 697 Waverly Street, Framingham, MA, [Drug Store License Number 2848], is updating its facility and moving into adjacent space on or about April 30, 2011. Our address will remain the same. Please see floor plan attached.

New England Compounding is committed to continuous quality improvement throughout our updated facility. This space will be comprised of a new state of the art compounding pharmacy for sterile and non-sterile preparations. We will be utilizing the latest clean room technology with isolator hoods. There will be a separate non-sterile compounding area designed with state of the art balances that have printout capabilities. The room and hoods are certified and the room has been validated. The facility is equipped with card access entry control technology as well as a facility-wide alarm system monitored 24/7/365 by ADT.

NECC's objective during this transition is to insure that patient care is uninterrupted. We intend to move all medications over the weekend of April 30<sup>th</sup>- May 1st. On Monday morning, May 2<sup>nd</sup>, we hope to have our highly trained team of experienced IV technicians and compounding pharmacists start work in our new enhanced facility.

Sincerely,

NEW ENGLAND COMPOUNDING PHARMACY, INC.  
d/b/a NEW ENGLAND COMPOUNDING CENTER

Barry J. Cadden

Barry J. Cadden, RPh  
President and Manager of Record

Phone: 508.820.0606  
Toll Free: 800.994.6322  
Fax: 508.820.1616

697 Waverly Street, Framingham, MA 01702

[www.neccrx.com](http://www.neccrx.com)

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# Scientific Air Analysis, Inc.

47 Fatima Drive  
 Ashland, MA 01721  
 (508) 881-7100  
 (508) 881-7105 FAX  
 1-800-287-5252 MA ONLY

## UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: NECC

TEST #: 17838

ADDRESS:

ID #:

CITY, STATE:

MODEL #: FS 10200

CONTACT:

SERIAL #: 05-S-13-07

TEL #:

LOCATION: QA

TEST DATE: 5-22-11

NEW/USED: USED

RECALL DATE: 11-30-11

PASS/FAIL: PASS

### AIRFLOW VELOCITY

ACCEPTANCE RANGE: 60 - 90 FPM

RI: 84 87 85 91 86 AD: 8" x 20" = 1.11

R2:

R3: 68 74 77 82 84 CFM = 90

L: 68 H: 91 AVG FPM: 82

AIRFLOW GAUGE:

IOW: MOTOR SPEED: 40 %

N/A

### TEST RESULTS

AIRFLOW VELOCITY: PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.

FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.

AIRFLOW SMOKE PATTERNS: PASSED, NO SMOKE ENTERED THE WORK SURFACE; THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

REFERENCE STANDARDS: IES-RP-CC 002.2; IES-RP-CC 021.1

TESTING INSTRUMENTS: CALIBRATED: NIST #: ID # USED:

AVM430-A, AVM430751001	4-12-I1	822/272103	A1:
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	A6:

### COMMENTS:

- NO ADJUSTMENTS REQUIRED AT THIS TIME.
- HOOD FAILED; ACTION REQUIRED.
- PREFILTER(S) WITHIN TOLERANCE.
- PREFILTER(S) DIRTY; CLEAN OR REPLACE.

CERTIFIER:

S
A
A

# Scientific Air Analysis, Inc.

47 Fatima Drive  
 Ashland, MA 01721  
 (508) 881-7100  
 (508) 881-7105 FAX  
 1-800-287-5252 MA ONLY

## UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: NECC

TEST #: 17839

ADDRESS:

ID #:

CITY, STATE:

MODEL #: FS 10200

CONTACT:

SERIAL #: 05-S-13-06

TEL #:

LOCATION: QA

TEST DATE: 5-22-11

NEW/USED: USED

RECALL DATE: 11-30-11

PASS/FAIL: PASS

### AIRFLOW VELOCITY

ACCEPTANCE RANGE: 60 - 90 FPM

R1: 82 86 92 87 81

AO: 8" x 20" = 1.11  $\text{ft}^2$

R2:

R3: 75 79 83 80 84 CFM = .93

L: 75 H: 92 AVG FPM: 84

AIRFLOW GAUGE: N/A IOW: MOTOR SPEED: 40 %

### TEST RESULTS

AIRFLOW VELOCITY: PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.

FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.

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ATI TDA-2G, 11119	10-30-10	822/272103	A6:

### COMMENTS:

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- HOOD FAILED; ACTION REQUIRED.
- PREFILTER(S) WITHIN TOLERANCE.
- PREFILTER(S) DIRTY; CLEAN OR REPLACE.

### CERTIFIER:

S
A
A

# Scientific Air Analysis, Inc.

47 Fatima Drive  
 Ashland, MA 01721  
 (508) 881-7100  
 (508) 881-7105 FAX  
 1-800-287-5252 MA ONLY

## UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: NECC

TEST #: 17979

ADDRESS:

ID #:

CITY, STATE:

MODEL #: FS10300

CONTACT:

SERIAL #: 11-N-11-01

TEL #:

LOCATION: C/N RM.

TEST DATE: 5-22-11

NEW/USED: USED

RECALL DATE: 11-30-11

PASS/FAIL: PASS

### AIRFLOW VELOCITY

ACCEPTANCE RANGE: 60 - 90 FPM

R1:

93 89 90 85 80

AO: 9" X 32" = 2.0 ft<sup>2</sup>

R2:

86 82 73 78 75

CFM = 166

R3:

L: 93

H: 93

AVG FPM: 83

AIRFLOW GAUGE:

IOW:

MOTOR SPEED: N/A %

### TEST RESULTS

AIRFLOW VELOCITY: PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.

FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.

AIRFLOW SMOKE PATTERNS: PASSED, NO SMOKE ENTERED THE WORK SURFACE; THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

REFERENCE STANDARDS: IES-RP-CC 002.2; IES-RP-CC 021.1

TESTING INSTRUMENTS: CALIBRATED: NIST #: ID # USED:

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ATI TDA-2G, 11119	10-30-10	822/272103	A6:

### COMMENTS:

- NO ADJUSTMENTS REQUIRED AT THIS TIME.
- HOOD FAILED; ACTION REQUIRED.
- PREFILTER(S) WITHIN TOLERANCE.
- PREFILTER(S) DIRTY; CLEAN OR REPLACE.

### CERTIFIER:

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# Scientific Air Analysis, Inc.

47 Fatima Drive  
 Ashland, MA 01721  
 (508) 881-7100  
 (508) 881-7105 FAX  
 1-800-287-5252 MA ONLY

## UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: NECC TEST #: 17980  
 ADDRESS: ID #: FS 10300  
 CITY, STATE: MODEL #: 11-N-11-02  
 CONTACT: SERIAL #: CLN RM.  
 TEL #: LOCATION: USED  
 TEST DATE: 5-22-11 NEW/USED: PASS  
 RECALL DATE: 11-30-11 PASS/FAIL:

### AIRFLOW VELOCITY

ACCEPTANCE RANGE: 60 - 90 FPM

R1: 89 96 92 87 86 AO: 8.5" x 32" = 1.89 <sup>ft<sup>2</sup></sup>

R2: 80 87 79 82 78 CFM = 161

R3:

L: 78 H: 96 AVG FPM:

AIRFLOW GAUGE: N/A IOW: MOTOR SPEED: 40 %

### TEST RESULTS

AIRFLOW VELOCITY: PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.

FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.

AIRFLOW SMOKE PATTERNS: PASSED, NO SMOKE ENTERED THE WORK SURFACE; THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

REFERENCE STANDARDS: IES-RP-CC 002.2; IES-RP-CC 021.1

### TESTING INSTRUMENTS: CALIBRATED: NIST #: ID # USED:

AVM430-A, AVM430751001	4-12-11	822/272103	A1:
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, .99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	A6:

### COMMENTS:

- NO ADJUSTMENTS REQUIRED AT THIS TIME.
- HOOD FAILED; ACTION REQUIRED.
- PREFILTER(S) WITHIN TOLERANCE.
- PREFILTER(S) DIRTY; CLEAN OR REPLACE.

### CERTIFIER:

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## UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: NECC

TEST #: 17981

ADDRESS:

ID #:

CITY, STATE:

MODEL #: FS 10300 M

CONTACT:

SERIAL #: 05-M-17-15

TEL #:

LOCATION: CLN RM.

TEST DATE: 5-22-11

NEW/USED: Used

RECALL DATE: 11-30-11

PASS/FAIL: PASS

## AIRFLOW VELOCITY

ACCEPTANCE RANGE: 60-90 FPM

R1: 81 93 86 91 88

AO: 9" x 32" = 2.0 ft<sup>2</sup>

R2: 84 86 74 77 80

CFM = 170

R3: 74 93

L: 74 H: 93 AVG FPM: 85

AIRFLOW GAUGE: N/A IOW: MOTOR SPEED: 45 %

## TEST RESULTS

AIRFLOW VELOCITY: PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.

FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.

AIRFLOW SMOKE PATTERNS: PASSED, NO SMOKE ENTERED THE WORK SURFACE; THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

REFERENCE STANDARDS: IES-RP-CC 002.2; IES-RP-CC 021.1

TESTING INSTRUMENTS: CALIBRATED: NIST #: ID # USED:

AVM430-A, AVM430751001	4-12-11	822/272103	A1:
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	A6:

## COMMENTS:

- NO ADJUSTMENTS REQUIRED AT THIS TIME.
- HOOD FAILED; ACTION REQUIRED.
- PREFILTER(S) WITHIN TOLERANCE.
- PREFILTER(S) DIRTY; CLEAN OR REPLACE.

CERTIFIER:

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## UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: NECC TEST #: 17982

ADDRESS: ID #:

CITY, STATE: MODEL #: FS 10300

CONTACT: SERIAL #: 04-S-15-01

TEL #: LOCATION: CLN RM.

TEST DATE: 5-22-11 NEW/USED: USED

RECALL DATE: 11-30-11 PASS/FAIL: PASS

### AIRFLOW VELOCITY

ACCEPTANCE RANGE: 60 - 90 FPM  $AO: 8'' \times 32'' = 1.78 \text{ ft}^2$

R1:

86 90 88 85 86

R2:

78 72 83 80 83  $\text{CFM} = 148$

R3: L: 72

H: 90 AVG FPM: 83

AIRFLOW GAUGE:

N/A

IOW: MOTOR SPEED: 50 %

### TEST RESULTS

AIRFLOW VELOCITY: PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.

FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.

AIRFLOW SMOKE PATTERNS: PASSED, NO SMOKE ENTERED THE WORK SURFACE; THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

REFERENCE STANDARDS: IES-RP-CC 002.2; IES-RP-CC 021.1

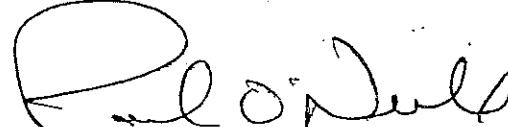
TESTING INSTRUMENTS: CALIBRATED: NIST #: ID # USED:

AVM430-A, AVM430751001	4-12-11	822/272103	A1:
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	A6:

### COMMENTS:

- NO ADJUSTMENTS REQUIRED AT THIS TIME.
- HOOD FAILED; ACTION REQUIRED.
- PREFILTER(S) WITHIN TOLERANCE.
- PREFILTER(S) DIRTY; CLEAN OR REPLACE.

### CERTIFIER:



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## UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: *NECC*

TEST #: *18577*

ADDRESS:

ID #:

CITY, STATE:

MODEL #: *FS 604 00*

CONTACT:

SERIAL #: *05-5-13-08*

TEL #:

LOCATION: *QA LAB*

TEST DATE: *5-22-11*

NEW/USED: *USED*

RECALL DATE: *11-30-11*

PASS/FAIL: *PASSED*

### AIRFLOW VELOCITY

ACCEPTANCE RANGE: *80 - 120* FPM

R1: *108 104 101 105 113*

$$8 + 44 = 2.44$$

R2: *97 102 108 105 104*

R3: *100 102 100 97 112*

L: *97* H: *113* AVG FPM: *104* — *254*

AIRFLOW GAUGE: *N/A* IOW: MOTOR SPEED: *10* %

### TEST RESULTS

AIRFLOW VELOCITY: PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.

FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.

AIRFLOW SMOKE PATTERNS: PASSED, NO SMOKE ENTERED THE WORK SURFACE; THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

REFERENCE STANDARDS: IES-RP-CC 002.2; IES-RP-CC 021.1

TESTING INSTRUMENTS: CALIBRATED: NIST #: ID # USED:

AVM430-A, AVM430751001	4-12-11	822/272103	A1:
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	A6:

### COMMENTS:

- NO ADJUSTMENTS REQUIRED AT THIS TIME.
- HOOD FAILED; ACTION REQUIRED.
- PREFILTER(S) WITHIN TOLERANCE.
- PREFILTER(S) DIRTY; CLEAN OR REPLACE.

### CERTIFIER:

*Stan Miller*

*EXHAUST IS SET ON LOW SPEC*

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A
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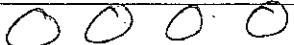
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## UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE PARTICLE COUNT RECORDINGS

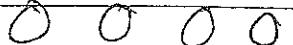
CLIENT: NeCC TEST #: 18681  
 ID #: TEST DATE: 5-20-11  
 MODEL #: E68252 RECALL DATE: 11-30-11  
 SERIAL #: 91436 NEW/USED: USED  
 LOCATION: CleanRoom 1 PASS/FAIL: PASSED

### WORK SURFACE AREA

B .5: 

F .5: 

PARTICLES PER CUBIC METERS





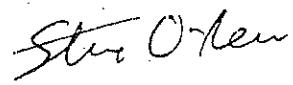
PARTICLES PER CUBIC FEET

### TEST RESULTS

 PASS / FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-30-10	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	9-03-10	822/271458	 A2:

CERTIFIER: 

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## UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: *NeCC* TEST #: *18681*  
 ADDRESS: ID #: \_\_\_\_\_  
 CITY, STATE: MODEL #: *EG 8252*  
 CONTACT: SERIAL #: *91436*  
 TEL #: LOCATION: *Clean Room 1*  
 TEST DATE: *5-20-11* NEW/USED: *USED*  
 RECALL DATE: *11-30-11* PASS/FAIL: *PASSED*

### AIRFLOW VELOCITY

ACCEPTANCE RANGE: *90-110* FPM

R1:	<i>106 100 92 103 101</i>	<i>103 96 97 94 102</i>
R2:	<i>102 99 98 107 103</i>	<i>94 104 111 102 105</i>
R3:	<i>104 109 103 112 106</i>	<i>109 102 103 101 95</i>

L: *92* H: *111* AVG FPM: *102*

AIRFLOW GAUGE: *N/A* IOW: MOTOR SPEED: *25/25 %*

### TEST RESULTS

AIRFLOW VELOCITY: PASSED; AVERAGE FPM IS WITHIN 90 +/- 10 FPM.

FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.

AIRFLOW SMOKE PATTERNS: PASSED, NO SMOKE ENTERED THE WORK SURFACE;  
THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

REFERENCE STANDARDS: IES-RP-CC 002.2; IES-RP-CC 021.1

TESTING INSTRUMENTS: CALIBRATED: NIST #: ID # USED:

AVM430-A, AVM430751001	4-12-11	822/272103	A1:
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	A6:

### COMMENTS:

- NO ADJUSTMENTS REQUIRED AT THIS TIME.
- HOOD FAILED; ACTION REQUIRED.
- PREFILTER(S) WITHIN TOLERANCE.
- PREFILTER(S) DIRTY; CLEAN OR REPLACE.

### CERTIFIER:

*Steve O'Dea*

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# Scientific Air Analysis, Inc.

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## UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: *NECC* TEST #: *18682*  
 ADDRESS: ID #: \_\_\_\_\_  
 CITY, STATE: MODEL #: *E66252*  
 CONTACT: SERIAL #: *91435*  
 TEL #: LOCATION: *Cleanroom 1*  
 TEST DATE: *5-20-11* NEW/USED: *USED*  
 RECALL DATE: *11-30-11* PASS/FAIL: *PASSED*

### AIRFLOW VELOCITY

ACCEPTANCE RANGE: *90 - 110* FPM

R1: 94 98 105 100 112	98 106 95 97 107
R2: 94 103 103 104 97	94 92 93 100 99
R3: 99 103 106 98 102	91 103 108 102 108

L: *112* AVG FPM:

AIRFLOW GAUGE: *N/A* IOW: MOTOR SPEED: *25/25 %*

### TEST RESULTS

AIRFLOW VELOCITY: PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.

FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.

AIRFLOW SMOKE PATTERNS: PASSED, NO SMOKE ENTERED THE WORK SURFACE; THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

REFERENCE STANDARDS: IES-RP-CC 002.2; IES-RP-CC 021.1

TESTING INSTRUMENTS:	CALIBRATED:	NIST #:	ID # USED:
AVM430-A, AVM430751001	4-12-11	822/272103	A1
AVM430-A, AVM430803002	5-03-11	822/272103	A2
ALNOR 8570, 99057020	9-03-10	822/249620	A3
ALNOR 8575, 9161	9-03-10	822/249620	A4
ALNOR 550, 2664	10-30-10	822/272103	A5
ATI TDA-2G, 11119	10-30-10	822/272103	A6

### COMMENTS:

- NO ADJUSTMENTS REQUIRED AT THIS TIME.
- HOOD FAILED; ACTION REQUIRED.
- PREFILTER(S) WITHIN TOLERANCE.
- PREFILTER(S) DIRTY; CLEAN OR REPLACE.

### CERTIFIER:

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## UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE PARTICLE COUNT RECORDINGS

CLIENT: NECC TEST #: 18682  
 ID #: TEST DATE: 5-20-11  
 MODEL #: E66252 RECALL DATE: 11-30-11  
 SERIAL #: 91435 NEW/USED: USED  
 LOCATION: Clean Room 1 PASS/FAIL: PASSED

### WORK SURFACE AREA

B.5: ○ ○ ○ ○

F.5: ○ ○ ○ ○

PARTICLES PER CUBIC METERS

○ ○ ○ ○

○ ○ ○ ○

PARTICLES PER CUBIC FEET

### TEST RESULTS

PASS / FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-30-10	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	9-03-10	822/271458	A2:

CERTIFIER:

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## BIOLOGICAL SAFETY CABINET PARTICLE COUNT RECORDINGS

CLIENT: Necc TEST #: 18683  
 ID #: TEST DATE: 5-22-11  
 MODEL #: SG603A RECALL DATE: 11-30-11  
 SERIAL #: 88020 NEW/USED: USED  
 LOCATION: Cleanroom I PASS/FAIL: PASSED

### WORK SURFACE AREA

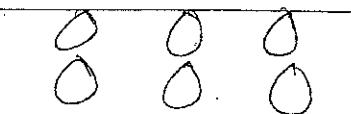
B.5:



F.5:



PARTICLES PER CUBIC METERS



PARTICLES PER CUBIC FEET

### TEST RESULTS

PASS / FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-30-10	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	9-03-10	822/271458	A2:

CERTIFIER:

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## BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: NeCC

TEST #: 18683

ADDRESS:

ID #:

CITY, STATE:

MODEL #: S66034

CONTACT:

SERIAL #: 88020

TEL #:

LOCATION: Cleanroom 1

TEST DATE: 5-20-11

NEW/USED: USED

RECALL DATE: 11-30-11

PASS/FAIL: PASSED

### SUPPLY AIRFLOWS

SUPPLY RANGE:	—	FPM	AVG
50 - 60	SR: 52 47 54 56 57 58 53	53	
50 - 60	SC: 52 54 53 52 49 53 58	53	
47 - 57	SF: 49 51 53 57 54 53 52	52	
L: 47 H: 58	AIRFLOW GAUGE: 27	AVG FPM:	
UV BULB INT: <i>W/A</i>	UV/CM2		

### EXHAUST AIRFLOWS

EXHAUST RANGE: 253 - 286 FPM			+5 LFM
R1: 264	262	267	DUCTED: Yes
R2: 261	273	266	EXH OP: 1.46 FT2
R3: 258	259	262	ACC OP: 3.89 FT2
R4: 249	263	266	EXH CFM:
EL: 249	EH: 273	EXH AVG FPM:	
FACE VELOCITY:			
MOTOR SPEED:		%	

### TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF: IS WITHIN ACCEPTANCE  
 RANGE OF: — FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNGLOW AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: IS WITHIN ACCEPTANCE  
 RANGES OF: / 00 - 600 FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2010

TESTING INSTRUMENTS  
 AVM430-A, AVM430751001  
 AVM430-A, AVM430803002  
 ALNOR 8570, 99057020  
 ALNOR 550, 2664  
 ATI TDA-2G, 11119  
 UVC-254, C.83961

CALIBRATED  
 4-12-11  
 5-03-11  
 9-03-10  
 10-30-10  
 10-30-10  
 10-30-10

NIST # ID # USED  
 822/272103 A1:  
 822/272103 A2:  
 822/249620 A3:  
 822/272103 A4:  
 822/272103 A5:  
 264532 U1:

### COMMENTS :

- NO ADJUSTMENTS REQUIRED AT THIS TIME.  HOOD FAILED.
- ADJUSTED ~~ZEROED~~ MAGNEHELIC GAUGE.  ALARM OPERATING PROPERLY.
- UB BULB INTENSITY GOOD / FAIR / POOR.  EXHAUST OPERATING PROPERLY.
- INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

### CERTIFIER :

*Steve O'Neill*

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 (508) 881-7105 FAX  
 1-800-287-5252 MA ONLY

## UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE PARTICLE COUNT RECORDINGS

CLIENT: Necc

TEST #: 18684

ID #:

TEST DATE: 5-20-11

MODEL #: EG 8252

RECALL DATE: 11-30-11

SERIAL #: 91437

NEW/USED: USED

LOCATION: Cleanroom I

PASS/FAIL: PASSED

## WORK SURFACE AREA

B.5:       0      0      0            0      0      0      F.5:       0      0      0            0      0      0      

PARTICLES PER CUBIC METERS

PARTICLES PER CUBIC FEET

## TEST RESULTS

(O) PASS FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-30-10	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	9-03-10	822/271458	(O) A2:

CERTIFIER:

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# Scientific Air Analysis, Inc.

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 (508) 881-7105 FAX  
 1-800-287-5252 MA ONLY

## UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: *Necc*TEST #: *18684*

ADDRESS:

ID #:

CITY, STATE:

MODEL #: *E6.8252*

CONTACT:

SERIAL #: *91437*

TEL #:

LOCATION: *cleanRoom 1*TEST DATE: *5-20-11*NEW/USED: *USED*RECALL DATE: *11-30-11*PASS/FAIL: *PASSED*

### AIRFLOW VELOCITY

ACCEPTANCE RANGE: *90 - 110* FPM

R1: 113 107 94 86 109	95 97 96 105 102
R2: 104 97 100 101 98	101 99 96 87 95
R3: 107 114 101 101 97	107 106 99 102 100

L: *86* H: *114* AVG FPM:AIRFLOW GAUGE: *N/A* IOW: MOTOR SPEED: *20/20 %*

### TEST RESULTS

AIRFLOW VELOCITY: PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.

FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.

AIRFLOW SMOKE PATTERNS: PASSED, NO SMOKE ENTERED THE WORK SURFACE; THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

REFERENCE STANDARDS: IES-RP-CC 002.2; IES-RP-CC 021.1

TESTING INSTRUMENTS:	CALIBRATED:	NIST #:	ID # USED:
AVM430-A, AVM430751001	4-12-11	822/272103	A1:
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	A6:

### COMMENTS:

[] NO ADJUSTMENTS REQUIRED AT THIS TIME.

[] HOOD FAILED; ACTION REQUIRED.

[] PREFILTER(S) WITHIN TOLERANCE.

[] PREFILTER(S) DIRTY; CLEAN OR REPLACE.

### CERTIFIER:

S
A
A

# Scientific Air Analysis, Inc.

47 Fatima Drive  
Ashland, MA 01721  
(508) 881-7100  
(508) 881-7105 FAX  
1-800-287-5252 MA ONLY

*+ 3 LFM*

## BIOLOGICAL SAFETY CABINET SERVICE REPORT

CLIENT: NECC

TEST #: 18947

ADDRESS:

ID #: H55

CITY, STATE:

MODEL #: SG 603A - HE

CONTACT:

SERIAL #: 97602

TEL #:

LOCATION: CW Rm.

TEST DATE: 5-22-11

NEW/USED: USED

RECALL DATE: 11-30-11

PASS/FAIL: PASS

### SUPPLY AIRFLOWS

SUPPLY RANGE: N/A FPM

EXHAUST RANGE: 258-285 FPM NO DUCTED

47-57 SR: 51 49 53 55 50 52 49 53 52  
47-57 SC: 50 53 53 48 51 56 52 54 52  
40-50 SF: 46 44 48 51 46 45 47 44 46

R1 266 270 283 EXH OP 1.46 FT2  
R2 278 262 275 ACC OP 3.89 FT2  
R3 283 253 263 EXH CFM:  
R4 264 269 268 393

L: 44 H: 56 AVG FPM:

EL 253 EH 283 EXH AVG FPM: 269

AIRFLOW GAUGE: 27

FACE VELOCITY: 104 269

UV BULB INT: N/A UW/CM2

MOTOR SPEED: 35 %

N/A

### TEST RESULTS

DOWNTOWNS VELOCITY PASSED, AVG FPM OF 52.46 IS WITHIN ACCEPTANCE RANGE OF: N/A FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNTOWNS AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: 104 IS WITHIN ACCEPTANCE RANGES OF: 100-110 FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2010

TESTING INSTRUMENTS  
AVM430-A, AVM430751001  
AVM430-A, AVM430803002  
ALNOR 8570, 99057020  
ALNOR 550, 2664  
ATI TDA-2G, 11119  
UVC-254, C.83961

CALIBRATED  
4-12-11  
5-03-11  
9-03-10  
10-30-10  
10-30-10  
10-30-10

NIST # ID # USED  
822/272103 A1:  
822/272103 A2:  
822/249620 A3:  
822/272103 A4:  
822/272103 A5:  
264532 U1:

### COMMENTS:

- NO ADJUSTMENTS REQUIRED AT THIS TIME.  HOOD FAILED.
- ADJUSTED / ZEROED MAGNEHELIC GAUGE.  ALARM OPERATING PROPERLY.
- UB BULB INTENSITY GOOD / FAIR / POOR.  EXHAUST OPERATING PROPERLY.
- INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

### CERTIFIER:

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47 Fatima Drive  
Ashland, MA 01721  
(508) 881-7100  
(508) 881-7105 FAX  
1-800-287-5252 MA ONLY

## UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT:	NECC	TEST #:	18948
ADDRESS:		ID #:	HORI 2
CITY, STATE:		MODEL #:	EG 8252
CONTACT:		SERIAL #:	95032
TEL #:		LOCATION:	CLN RM
TEST DATE:	5-22-11	NEW/USED:	USED
RECALL DATE:	11-30-11	PASS/FAIL:	PASS

### AIRFLOW VELOCITY

ACCEPTANCE RANGE: 90 - 110 FPM

R1: 93 100 91 95 90	106 92 99 103 96
R2: 94 88 92 89 93	95 103 94 87 97
R3: 106 108 96 99 105	103 108 111 105 109

L: 87 H: 111 AVG FPM: 98

AIRFLOW GAUGE: N/A IOW: MOTOR SPEED: 40 %

### TEST RESULTS

AIRFLOW VELOCITY: PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.

FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.

AIRFLOW SMOKE PATTERNS: PASSED, NO SMOKE ENTERED THE WORK SURFACE;  
THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

REFERENCE STANDARDS: IES-RP-CC 002.2; IES-RP-CC 021.1

TESTING INSTRUMENTS: CALIBRATED: NIST #: ID # USED:

AVM430-A, AVM430751001	4-12-11	822/272103	A1:
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	A6:

### COMMENTS:

- NO ADJUSTMENTS REQUIRED AT THIS TIME.
- HOOD FAILED; ACTION REQUIRED.
- PREFILTER(S) WITHIN TOLERANCE.
- PREFILTER(S) DIRTY; CLEAN OR REPLACE.

### CERTIFIER:

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 (508) 881-7105 FAX  
 1-800-287-5252 MA ONLY

## BIOLOGICAL SAFETY CABINET PARTICLE COUNT RECORDINGS

CLIENT: NECC  
 ID #: H55  
 MODEL #: SG 603A - HE  
 SERIAL #: 97602  
 LOCATION: CLN. RM.

TEST #: 18948  
 TEST DATE: 5-22-11  
 RECALL DATE: 11-30-11  
 NEW/USED: USED  
 PASS/FAIL: PASS

### WORK SURFACE AREA

B.5:



F.5:



PARTICLES PER CUBIC METERS



PARTICLES PER CUBIC FEET

### TEST RESULTS

**PASS** FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-30-10	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	9-03-10	822/271458	A2:

CERTIFIER:

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 1-800-287-5252 MA ONLY

## UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE PARTICLE COUNT RECORDINGS

CLIENT: NE CC  
 ID #: HORIZ  
 MODEL #: EG 8252  
 SERIAL #: 95032  
 LOCATION: CLN RM.

TEST #: 18948  
 TEST DATE: 5-22-11  
 RECALL DATE: 11-30-11  
 NEW/USED: USED  
 PASS/FAIL: PASS

### WORK SURFACE AREA

B .5: ○ ○ ○ ○

○ ○ ○ ○

F .5: ○ ○ ○ ○

○ ○ ○ ○

PARTICLES PER CUBIC METERS

PARTICLES PER CUBIC FEET

### TEST RESULTS

PASS / FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-30-10	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	9-03-10	822/271458	<input checked="" type="radio"/> A2 :

CERTIFIER:

PRESSURE DIFFERENTIALS  
TEMPERATURE & REL HUMIDITY

FREIGHT	FT3 / M3	MIDDLE	FT3 / M3	PEOPLE
2,700 / 97,422	2,563 / 83,195	824 / 29,008	845 / 29,732	27 / 955
130 / 4582	313 / 11023	52 / 1818	81 / 2867	32 / 0119
1,978 / 69,643	2,690 / 94,675	667 / 23,491	940 / 33,084	295 / 10,383
142 / 4929	110 / 3881	54 / 1905	76 / 2657	37 / 1294
1,370 / 48,211	1,876 / 66,019	645 / 22,714	4,057 / 37,193	358 / 142,617
112 / 3951	101 / 3566	46 / 1612	906 / 31,193	462 / 5,706
CLEANROOM 1	CUBIC FEET / CUBIC METERS	46 / 1612	42 / 1468	37 / 1294
				137 / 4,825
5 / 165	9 / 316	8 / 280	10 / 350	41 / 1433
110 / 4,172	63 / 2,218	147 / 5,163	578 / 20,337	401 / 17,292
9 / 315	26 / 209	9 / 315	49 / 1728	112 / 3951
60 / 2,125	76 / 2,675	408 / 17,515	401 / 14,116	343 / 12,084
23 / 804	19 / 664	42 / 1489	30 / 1049	103 / 3636
90 / 3,184	400 / 14,397	466 / 16,399	263 / 9,265	216 / 7,588

NECC

AMERIDOSE  
50 FOUNTAIN STREET  
FRAMINGHAM, MA 01702

5-20-11

TESTING DATE: 10-8-10

Rooms at Rest

PARTICLES MEASURED AND RECORDED AT .5 MICRON SIZE IN CUBIC FEET AND CUBIC METERS OF AIR  
IN ACCORDANCE WITH ISO 14644-1.

CLASS 6 LIMITS: CUBIC FEET - 1,000 / CUBIC METERS - 35,200

CLASS 7 LIMITS: CUBIC FEET - 10,000 / CUBIC METERS - 352,000

ALL TESTING WAS PERFORMED WITH THE CLEANROOM OPERATIONAL AT REST.

CLEANROOM, MIDDLE AND PEOPLE ROOMS MEET ISO CLASS 6 DESIGNATION.

FREIGHT ROOM MEETS ISO CLASS 7 DESIGNATION.

PRESSURE DIFFERENTIALS:	CLEANROOM > PEOPLE -	.039 POS	.023 POS
	MIDDLE > PEOPLE -	.017 POS	.012 POS
	CLEANROOM > MIDDLE -	.039 POS	.011 POS
	MIDDLE > FREIGHT -	.028 POS	.041 POS
	CLEANROOM > FREIGHT -	.051 POS	.066 POS
	CLEANROOM > AMBIENT -	.044 POS	.053 POS
	PEOPLE > AMBIENT -	.042 POS	.042 POS

TEMPERATURE: 64.5°  
REL HUMIDITY: 46.4%  
64.2°  
55.8°/D.

TECHNICIAN:

## AIR CHANGES PER HOUR

FREIGHT	AC / HR: 20	AC / HR: 48	MIDDLE	AC / HR: 73	PEOPLE	NRCC AMERI-DOSE 50 FOUNTAIN STREET FRAMINGHAM, MA 01702
1 - 520	500	4 - 460 460	1 - 455 460	1 - 455	425	
2 - 510	505	5 - 480 470	2 - 490 480	2 - 400	390	
	1005	6 - 455 460	3 - 495 480	3 - 455	600	
	Avg: 515 503	7 - 440 435	Avg: 468 464 CFM: 3,275 325	4 - 420	395	
	CFM: 1,030			5 - 385	375	
				6 - 390	355	
CLEANROOM				Avg: 418 462	375	TESTING DATE: 10-8-10
				CFM: 2,505 240		
1 - 460 455	9 - 440 435	22 - 470 470	31 - 465 465	46 - 465 455	61 - 420 320	
		23 - 445 465	32 - 430 430	47 - 415 410	62 - 410 390	
2 - 410 420	10 - 380 380		33 - 420 420	48 - 440 430	63 - 415 405	
		11 - 385 380	24 - 460 455	34 - 440 425	64 - 455 460	
		12 - 380 380	25 - 500 485	35 - 470 460	50 - 510 570	65 - 410 400
3 - 415 420	13 - 450 460		36 - 445 445	51 - 410 410	66 - 410 380	
	14 - 415 415		37 - 435 425	52 - 440 430	67 - 375 365	
4 - 480 460	15 - 440 425		38 - 400 460	53 - 445 470	68 - 460 450	
	16 - 425 440	26 - 475 470	39 - 450 450	54 - 450 450	69 - 410 390	
5 - 430 440	17 - 420 445	27 - 480 470	40 - 470	55 - 445 415	70 - 410 385	
	18 - 445 460	28 - 460 460	41 - 400 320	56 - 495 440	71 - 410 390	
6 - 430 415	19 - 445 400	29 - 220 210	42 - 390 380	57 - 420 420	72 - 470 460	
	20 - 440 430	30 - 500 520	43 - 495 485	58 - 870 350	73 - 415 400	
7 - 525 520	21 - 415 455		44 - 415 325	59 - 425 425	74 - 415 410	
			45 - 405 390	60 - 400 420	75 - 480 465	
8 - 425 445						
AVG CFM: 426	AC / HR: 91					

CLEANROOM : SUPPLY CFM : 31,950 31,870  
 ROOM VOL : 21,161 FT3  
 AIR CHGS / HR : 91 87 90

FREIGHT :	3,275 325	MIDDLE :	2,605 2410
1,030 1005	3,090 FT3	4,075 FT3	2,065 FT3
20 20	48 48	73 70	

TECHNICIAN:

Refrigerator was found in off position, turned on and recorded.

3555 5775 3990 5985 6405 5660

## PARTICLE COUNT RECORDINGS

FILTER HOUSING : DESIGN FILTRATION INC. - SELF CONTAINED FAN POWERED HEPA UNITS  
 MODEL # : 41103 DF 41103 DF 41103 DF 41103 DF 41103 DF  
 SERIAL # : 102928 102927 102929 102933 102897

#1	#2	#3	#4	#5
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0

NEW ENGLAND COMPOUNDING  
 697 WAVERLY STREET  
 FRAMINGHAM, MA. 01702

5-22-11  
 TESTING DATE : 42-10-10  
 TEST# : 18132-  
 18687

PARTICLES MEASURED AT .5 MICRON SIZE AND RECORDED IN CUBIC METERS OF AIR  
 IN ACCORDANCE WITH ISO STANDARD 14644-1.

THIS AREA, CONSISTING OF FIVE FILTERS, HAS BEEN CERTIFIED AS MEETING ISO CLASS 4.

TECHNICIAN :

FILTER HOUSING: DESIGN FILTRATION INC. - SELF CONTAINED FAN POWERED HEPA UNITS  
MODEL #: 41103 DF 41103 DF 41103 DF 41103 DF 41103 DF  
SERIAL #: 102928 102927 102929 102933 102897

#1	#2	#3	#4	#5
58 62 61 60 59 57 51 54	54 57 54 53 47 56 59 58	50 53 54 51		
54 54 52 51 61 53 54 59	56 53 51 49 51 54 61 52	54 47 56 59		
50 47 53 53 54 57 50 52	52 57 54 52 53 50 51 53	60 53 51 58		
52 51 54 52 52 51 51 53	49 46 50 53 52 47 54 52	56 53 58 49		
54 54	54 55	53 55	54 53	55 53
✓ 10%	✓ 10%	20 45%	✓ 15%	✓ 15%

NEW ENGLAND COMPOUNDING  
697 WAVERLY STREET  
FRAMINGHAM, MA. 01702

TESTING DATE: 5-22-11  
TEST #: 18132  
18687

AIRFLOW RANGE : 50-60 LFM AVERAGE

FILTER INTEGRITY LEAK TEST : NO PENETRATION OF GREATER THAN .01%

FILTER #: PENETRATION %: PASS / FAIL:

#1 -	<u>.0018%</u>	<u>.0015</u>	PASS	✓
#2 -	<u>.0015%</u>	<u>.0012</u>	PASS	✓
#3 -	<u>.0018%</u>	<u>.0018</u>	PASS	✓
#4 -	<u>.0015%</u>	<u>.0022</u>	PASS	✓
#5 -	<u>.0018%</u>	<u>.0026</u>	PASS	✓

MAIN CHAMBER PRESSURE: 410 POS 125

TECHNICIAN: